

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box.

	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1	Not Applicable <input type="checkbox"/>
1. How well did we answer your questions about the proposed transportation project?		<input checked="" type="radio"/>				<input type="checkbox"/>
2. How well did we explain the need for your property and the process used to purchase your property?		<input checked="" type="radio"/>				<input type="checkbox"/>
3. Was the Right-of-Way Agent informed and responsive to your questions?	<input checked="" type="radio"/>	<input type="radio"/>				<input type="checkbox"/>
4. Was the Right-of-Way Agent courteous and professional?	<input checked="" type="radio"/>	<input type="radio"/>				<input type="checkbox"/>
5. How would you rate the usefulness of the printed material provided by the Department?		<input checked="" type="radio"/>				<input type="checkbox"/>

Comments: _____

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.		DEPT. OF TRANSPORTATION RIGHT-OF-WAY
Name: _____	Phone Number: () _____	MAR 02 2006

To be completed by NHDOT Right-of-Way Agent

RECEIVED

Project Number: Claremont-10433 Parcel Number: _____

Newport